THE INDUSTRY

Home healthcare is one of the fastest growing segments in the healthcare industry. People are living longer, they desire to stay in their homes as long as possible, and the medical system encourages them to do so. According to an excerpt from First Research’s profile on home health care:

The US home health care industry includes about 29,000 establishments (single-location companies and branches of multi-location companies) with combined annual revenue of about $66 billion. High growth is forecast for the US industry over the next two years. Demand drivers include an aging population, the high cost of skilled nursing care in nursing homes, and the rise of accountable care organizations (ACOs) that coordinate care to increase efficiency and reduce costs.

INHERENT RISKS OF HOME HEALTHCARE

Home healthcare places an unsupervised individual in the home of a person who may have significant physical and/or cognitive problems. What would be regarded as a minor injury in a healthy individual can be catastrophic to some patients. The Home healthcare worker provides personal and/or professional services in an environment they do not control and has access to personal information and valuables. Home healthcare workers are exposed to safety related risks similar to those encountered by nursing assistants in a nursing home or other direct care workers in a hospital environment because they perform some common job tasks. However, studies of the home health service industry
have documented inherent occupational hazards to home health workers due to the nature of the highly variable non institutional settings and “uncontrolled” work environments.

Home care aides for example, typically provide a variety of services which include housekeeping, and may include personal care (bathing, dressing) and assistance with moving and transferring (patient handling.) All of these tasks are characterized by risk factors for musculoskeletal symptoms, including forceful exertions and awkward postures. Research indicates that patient handling is a significant risk factor for back pain and other musculoskeletal symptoms in home settings.

For several years, the overexertion injury rate for Home Health Care workers has been more than double the national rate for all industries, ranking among the 10 highest (Bureau of Labor Statistics [BLS], 2006.)

Additional inherent risks exist due to the nature of the work done. Any work with patients, particularly in a non-hospital environment presents exposure to claims of negligence, abuse or theft. Losses under these circumstances can be significant, particularly when the patient suffers a significant injury that exacerbates existing health problems. Loss costs associated with injuries occurring to persons with compromised health, such as a paraplegic falling from a wheelchair, can be huge. There are also additional risks when home care workers drive personal vehicles inadequate insurance, poor driving records, inadequate vehicle maintenance and drive patients to appointments.

Non-medical home care duties associated with personal care/non-professional services can encompass everything from light housekeeping to transportation, running errands, preparing meals and assisting with the activities of daily living. Any of these activities can produce losses. Of particular concern are activities of daily living, which include bathing, getting dressed, personal grooming and using the toilet. Assisting with these activities often requires providing physical assistance up to and including transferring the patient to and from a bed, chair, toilet or vehicle.

Even medical professionals (professional care services) working with patients in their homes are at risk for injury.

- Patient handling while providing physical therapy, checking for wounds or responding to events that occur during a visit, such as a patient needing to use the toilet. The reality is that patient handling and periodic transfers are a part of the job.
- Wound care exposes workers to blood borne pathogens, including MRSA, AIDS and other contagions
- Needle sticks are fairly common and can be an additional source of exposure

Both professional and non-professional employees can also be exposed to dangers associated with what is going on in and around the patient homes. These are environments that are not under the control of the HHC agency. They may include exposures to:

- Trips and falls as a result of physical conditions at the property and weather. The possibility of falls also increases if patient transfers or handling are required
- Contamination and exposure to any number of airborne contaminants
- Family members and others. In some areas of the country, this can be the signal greatest threat to the safety of the home care worker
- Animals
GENERAL MANAGEMENT CONTROL PRACTICES

Over the years and with trial and error, theories about how to prevent losses and minimize the impact of those that occur have grown into practical applications that work. Organizations that control risk in any type of industry that follow these principals operate at a competitive advantage when they manage their loss experience. As an example, if an organization suffers a $1,000 loss from any source, they have to recover the amount in revenues or sales produced. At a 10% margin, that translates into $10,000 in sales; at a 4% margin, $25,000.

Poor loss experience in workers compensation translates into an experience modifier, which is based on an average for all industries in the same class of business. At a 1.0 “mod”, a company’s insurance costs are calculated for loss experience at the same rate as the average. When the mod increases over this amount, the company is paying more in insurance costs. As with direct losses, these additional costs have to be made up by revenues.

Risk Management Theory and Practice

When a risk creates loss, or a potential for loss, management needs to consider options available to prevent the loss. If the loss cannot be absolutely prevented, methods need to be employed to keep the impact of the loss, or loss type, in check. Regardless of the type of problem being addressed or the industry involved, risk management theory outlines the same approach to developing controls. You can transfer the risk away, engineer the problems out, or implement practices and policies to reduce the possibility for loss.

Transfer or avoid the hazard – The most effective way to avoid a risk is not to engage in practices that create a potential source of risk. In many cases, however, being willing to accept a particular risk is the reason companies are in business. Something a company could do but chooses not to.

Examples of avoiding a hazard in home healthcare are, a company’s refusal to transfer bariatric patients, or to provide services to customers owning dangerous dogs.

Develop engineering controls – For the risks we accept, when problems occur or there is a potential for a loss, the most effective control is to engineer or design the problem out. In the manufacturing world, this might include installing a guard on a machine, or changing the way a machine works to avoid amputations. In the home healthcare arena, this could include eliminating the need to physically lift a patient.

Regarding patient transfers, an engineering control would be the use of patient transfer equipment which eliminates the need to lift or reduces the physical stress on the healthcare worker.

Implement Administrative control practices – Engineering solutions are not always possible. They can be prohibitively expensive or impractical. Where we cannot remove a hazard by avoiding it or engineering the risk out, we have to take other measures. While the least effective, in the home healthcare world, most of the controls to prevent loss are administrative controls.

Administrative controls for patient transfers involve things like hiring, training and the use of patient transfer protocols.

Accept the risk – A company can always decide to accept a risk and not to apply any controls. While this might seem like a poor way to manage risk, the reality is that most companies do this on a daily basis, usually for minor or insignificant risks.

Helping someone to take a seat or holding a chair are activities that most organizations would not refuse to do or have written procedures or training on how to handle. While there is a potential risk, it is judged as too small to try and actively manage.
PATIENT AND HOME ASSESSMENTS

Patient and home assessments are critical, not only to prevent injuries to the healthcare worker, but also to avoid situations that place a home healthcare organization at a higher risk for potentially fraudulent liability claims.

THE PATIENT

Thorough evaluations of patient current status, future needs, and what is required to promote safety for both patient and caregiver is key. The assessment of the patient identifies physical and psychological characteristics that must be considered in the plan of care. When done correctly, these assessments provide a detailed plan that should incorporate specific patient transfer equipment (chair lifts, Hoyer lifts etc.) Ergonomic tools (pivot discs, slip sheets etc.) and instructions to the home care provider on how to deal with psychological needs (“patient suffers from dementia...”). Examination of the home environment can uncover situations that present a hazard to both the patient and the caregiver. These needs must be incorporated into the patients care plan, and updated on an ongoing basis as needs change. Use of and regular documentation of formal care plans plays a key role in preventing injuries to employees and expensive lawsuits related to patient care.

Some accrediting organizations, such as the Joint Commission, specify what these assessments need to include. Companies must also be willing to walk away when these needs cannot be addressed due to financing or other reasons.

Patient physical characteristics requiring adaptive equipment

The initial assessment needs to include an evaluation of specific duties and activities required of the home healthcare worker, and the physical and mental characteristics and limitations of the patient. Whenever possible, patient transfers should not be done without mechanical assistance. This should be mandatory for bariatric patients and those with significant cognitive or physical limitation that prohibit or limit their ability to assist with the transfer. Where equipment is needed there may be challenges related to expense and funding for the equipment. As difficult as it may be, if the caregiver is at risk for injury, chances are the patient is as well. Back strains and serious falls can result in permanent disability and in hundreds of thousands of dollars in medical expenses. If equipment is needed and cannot be obtained, the home health agency needs to decline the assignment.

Where there is a need for ergonomic equipment, procedures and vendors need to be identified that can aid in proper selection, requirements for patient education, maintenance and inspection. Homecare staff needs to be adequately trained in its use, and this may be best facilitated by a physical therapist.

Over time, the patient’s condition may change. It is important to monitor these changes and to take appropriate action. Action certainly includes notations to the file and may require notification of the physician and changes to equipment or patient care instructions.

HAZARDS AROUND THE HOME

Home healthcare employees all too often encounter hazards in the home that can present a danger to themselves and potentially the patients as well. Patient homes represent environments not under the control of the home care agency. Housekeeping neglect, smoking, vermin, spoiled food and other conditions increase risks to both the caregiver and the patient. When detected during the initial assessment, the organization needs to require that hazardous conditions be corrected before initiating care, or find ways to protect the person or persons who will be working in the home.

Slip, trip and fall hazards – These represent a significant potential for injury to the worker and the patient. Statistically, falls are the number one source of injuries to patients in the home care environment and second only to strains and sprains as injury sources for employees.

The potential for a fall injury increases when you are assisting a patient with a move, or while carrying something. In home care, this might involve helping a patient to stand, carrying groceries, handling trash or moving furniture.
Begin with the exterior of the home.

Where will your employee be parking? If they will be providing services at night, is lighting adequate?

What is the route like from the car into the home? Are walkways free of debris, holes and large cracks? Are stairways provided with handrails and well maintained?

In inclement weather, the contract should require that the walkway and any exterior stairs be kept free of snow and ice. Some companies also keep small quantities of sand in their vehicles for use by homecare providers to improve traction. Another option is to require wearing of shoes with slip resistant soles or to provide removable traction aids for shoes.

Inside the home

Falls most often occur in the home when we trip over objects, when there is inadequate friction between our shoes and the walkway, or when a surface we are standing on is unstable. Look for:

- Cords, household goods or other items in main walkways or in areas where patient transfers will occur
- Spills and slippery surfaces.
- The patient’s footwear can be a problem on smooth surfaces.
- If there is a need to reach an object at a higher level, use only step stools. Never use chairs or other objects not designed for the purpose.

Electrical hazards – may not become apparent until after service starts or when medical equipment or electric beds are installed. Extension cords, which are designed for temporary use, can catch fire if overloaded. The possibility of overload and fire is more extensive with light weight, ungrounded cords. Whenever possible, equipment should be plugged directly into the outlet.

In older homes, wall sockets may be ungrounded or circuits unable to handle additional load. This will usually be identified as a problem when equipment is delivered and installed. If during the initial walkthrough and home assessment, things like grounding plugs being cut off, wall plates without grounding sockets or gang plugs (one outlet with multiple plugs) are noticed, the home healthcare provider should require that the system be checked and wiring updated as necessary to safely handle the equipment. While primary responsibility would ordinarily rest with the home medical equipment company, the home healthcare provider could be found liable as well. Where the home healthcare provider provides equipment, they may be fully liable for any fires that may result.

On future service visits, look for modifications made by the homeowner, patient or other caregiver. Telltale signs are when equipment has been moved from the original location. Look for added extension cords.

Watch for situations where electrical cords extend into walkways and around the bed. While extension cords should ordinarily not be used, if they are, they need to be out of the way or secured to the floor.

Mold, insect or rodent infestation or other unhealthy conditions – These conditions can present serious health problems to the home healthcare worker, and, have resulted in significant claims. Be aware of and follow any legal obligations for reporting these situations, and do not accept contracts where these conditions present a hazard to employees.

Animals – Pets can be important to the health and general well-being of patients, but can also represent potential problems. The obvious problem is a vicious or overly protective animal. These animals need to be secured or removed during service calls. Small, friendly pets have also been associated trips and falls, particularly during patient transfers.

Care Plans
Care plans are the roadmap to delivering effective, caring and safe services to patients. Pre-planning, doing appropriate assessments, developing the plan and documenting the flow of the plan translate not into just business sense, but potentially saving the organization from major financial loss.

While the format and specifics may vary based on the type of patient or customer served, accreditation and regulatory requirement, care plans generally need to address:

- Diagnosis
- Allergies
- Physician orders and treatment plans
- Past medical history
- Medical provider contact information
- Frequency of visits
- Correspondence between the physician and the family
- Drug handling procedures
- Properly completed informed-consent forms
PERSONNEL MANAGEMENT

HIRING AND RETAINING EMPLOYEES

Traditional employee screening as practiced in the industry by most firms is not effective in finding persons least likely to be injured on the job. Most home care providers are low wage, older and high turnover positions. HHC companies are reluctant to conduct extensive evaluations, including physical capability assessments, when skill requirements are low and turnover is likely. Professional employees are typically hired for professional and relationship skills, not for patient handling ability. Even where the employer spends the money to screen employees, screening, at least of physical capabilities, only addresses prospective/new employees. Unless a company conducts annual fitness for duty testing, they need to employ other methods to control losses.

Screening of potential employees is necessary (criminal background checks are mandated) and physical examinations may be beneficial, but the jury is out regarding the most effective – physician provided or evaluations conducted by testing facilities using isometric examinations. Some research indicates psychological profiles to examine such things as honesty, work ethic and motivation may be just as or even more effective in preventing injuries than physical examinations.

Who a company hires has a significant bearing on the possibility of future claims of employee injuries, motor vehicle collisions and potential liability claims related to patient care. In home healthcare, as with any profession, the employee selection process starts with the basic process of identifying the requirements for the job and matching an employee to the job requirements. Beyond this basic requirement, employee selection practices can also be used as a risk mitigation opportunity. Where can a company experience a loss, and what can be done to improve the possibility that an employee won’t put the company at risk and/or injure themselves or others?

- **Job description** – Begin with an accurate description of job requirements, including “essential functions.” Essential functions are those aspects of the job that must be done for the job to be accomplished at a minimum. Employment practices suits are often related to aspects of the job being defined as essential that were in fact not.

  Job descriptions need to reflect realistic performance requirements. “Must be able to transfer patients to and from beds, chairs, toilets, baths etc.” is an unrealistic expectation. Caveats need to be added that consider patient assessments, transfer devices and patient characteristics (physical, mental etc.). With regard to patient transfers, the ideal is to eliminate the need to manually move patients without mechanical assistance. Before writing the job description, start by making the job as safe as possible to do.

- **Job application** – Prospective employees need to be required to complete, sign and date a formal written job application. In addition to standard application questions, signing the application should serve as a notice to the prospect that what they have said is true and accurate, and they understand the company has permission to verify the information through checks of references, criminal background and motor vehicle records. If the company provides post offer, pre-employment physical examinations or assessments, drug tests or other examinations, such as a written personality or behavioral test, the signature should also authorize the company to conduct these evaluations.

- **Interview** – A key objective of the interview process is to accurately match the prospective employee with characteristics of a successful employee. In home care, honesty, judgment, decision making ability and commitment to the profession are critical. Situational questions are important parts of the behavioral interview. How would they respond to things like customer complaints and personality conflicts? Can they provide examples of situations where they have encountered situations like this? How did they respond?

- **Criminal background check** – Since the caregiver may have access to personal valuables and finances, obtaining a criminal background check is a recommended practice. Doing so may also be a legal requirement in the state where the organization operates. Prospective employees should provide a written acknowledgement the company will conduct such a check as a condition of employment and subsequent to employment commencement. Before making a decision to refuse an employment offer, or for terminating employment, consult with legal counsel if it is discovered the employee or applicant has been convicted of a crime.
- **Reference checks and skills** – Check the references and verify education and technical qualifications. While some employers may be reluctant to provide details about previous employment, most will not hesitate to respond honestly to the question “would you hire them again?” Ask specific questions about what the person did from business references, and try to get a sense of who the person is (integrity, honesty, passion for the work etc.) from personal references.

- **Post offer, pre-employment screening** – Employers are allowed to screen employees regarding their ability to perform “essential functions” of the job. When applied consistently to specific classifications of employees, these tools can be applied to help the employer match the employee with the job. They are referred to as “post-offer, pre-employment” because they are conducted after a conditional offer of employment has been made.
  
  o These types of screens, consisting of physical examinations or functional capacity tests, can be conducted in a variety of settings and by different sectors of the healthcare industry. For the employer, the question is not who performs the testing and the cost, but the effectiveness and track record of the company doing the tests. In home healthcare, this is one of the few ways of preventing a company from “hiring a claim,” or a person with pre-existing physical limitations or limited capacity to conduct essential functions, which may include patient transfers.

  o Not all home healthcare agencies require physical examinations. Some have been successful in controlling loss experience through effective background checks, reference and skill verification and effective patient assessment and care management planning.

- **Drug testing** - Another type of post-offer, pre-employment screen is drug testing. Prior to testing for drugs, it is important to establish a company policy regarding impairments on the job. Consider if you will only be testing applicants or current employees as well, and under what conditions (random, for cause etc.)

- **Driving skills** - When employees drive company vehicles, or drive on behalf of the company, it is important to understand if they drive, what they do will reflect on the company. Should an employee cause a serious collision, the plaintiff may seek to access the financial resources of the company. If the driver has a history of poor driving and the employer should have known and should have done something to prevent the loss, they may be found financially responsible.

  o Evaluating driving skills can be as simple as riding along with the employee or as complex as requiring mandatory defensive driving training.

- **Employee handbook** – Explains who the company is, what they do and what is important to the organization. Because the handbook can spell out details of benefit plans, rules and regulations and disciplinary procedures, it should be reviewed by legal counsel before implementation. All employees should sign off to verify that they have reviewed and understand the material. Sign-off should include a confidentiality agreement to protect personal information about patients. GIFT GIVING, NOT ASSISTING CLIENTS ON THEIR PERSONAL TIME, FOLLOWING CARE PLANS, NOT DIRECTLY HANDLING CASH OR CREDIT CARDS.

- **Orientation** – the orientation process helps the new employee understand what the organization is about. What are the values and principles the company works off of? What is the mission statement and scope of what the company does. What are the expectations of the new employee? What can the employee expect of the company?

- **Probation** – Probation provides the organization with an opportunity to see how well the new employee actually fits with the culture of the company. It can also provide a chance for learning, correction of mistakes and an opportunity for growth. A key consideration is that even with successfully passing the probation period, employees need to be held to a standard where serious misconduct will not be tolerated.
EMPLOYEE RETENTION

One of the most significant challenges faced by many home healthcare organizations is high employee turnover. Organizations achieving the highest levels of success in the industry often credit the quality and loyalty of their employees for their success. Companies experiencing problems with profitability, liability and workers compensation claims are also frequently plagued by high levels of turnover. When turnover is high, everything costs more. Companies experiencing high turnover may not be able to justify extensive and thorough background checks or screening practices. Probationary periods are out of the question, the employees are needed yesterday.

While not every aspect impacting turnover is under the control of every home healthcare agency, there are some consistent characteristics of companies that have a good deal of success in keeping good, productive employees.

**Basic motivation** – People who do well in healthcare have a genuine love for the work they do. They get high levels of personal satisfaction from helping others in need, and from the relationships they form.

**Recognizing and appreciating employees** – One of the greatest motivators is feeling that your work is valued; that you contribute. People that get into healthcare want to do something that makes a difference. They want to help and most genuinely care. Gratitude from the patient or the family goes a long way to motivating someone to stay in the profession. Failing to be recognized by the employer and that they value your contributions opens the door for finding greener pastures to practice the profession in.

**Job and Career opportunities** – Despite a love of work, everyone has bills to pay and personal responsibilities to take care of. Retention does depend on compensation. Organizations that don’t offer competitive wages and benefits are not selecting from the pool of the best available employees. Retention is also a factor when the best employees look down the line for promotion opportunities.
MANAGEMENT CONTROL PRACTICES – KEEPING THINGS UNDER CONTROL

TRAINING

Training is an essential tool in ensuring that employees understand their jobs and perform them in a safe and efficient manner. Training may also be required by law for some occupations. Unfortunately, in the realm of finding ways to control losses, training is often regarded as the “silver bullet.” Training is relatively cheap to purchase, develop and provide in comparison to other, more effective measures that eliminate or reduce the hazard because these types of controls may be more difficult to apply.

In workers’ compensation, general lift training (lift with the legs and not with the back) is ineffective. The science of biomechanics demonstrates that you cannot teach a 125 pound home care provider to safely lift a 300 pound patient from a bed to a wheelchair without mechanical assistance. In fact, research conducted by the Veterans Administration and others to develop patient handling algorithms and teaching scenario specific transfer techniques, such as bed to wheelchair transfers, resulted in, at best, only a slight reduction in the risk of injury. Findings from the research led to the development of “zero lift” policies being implemented in hospitals and nursing homes across the country. Unfortunately, these policies are more difficult to implement in the home healthcare environment.

If all patient transfer tasks cannot be engineered out, training needs to focus on task specific techniques based on best practice methods.

WRITTEN PROCEDURES AND DOCUMENTATION

Company policies and practices designed to achieve client satisfaction, and prevent losses, are worthless if not verified. Document everything. In the event a situation end up in front of a judge, “if it wasn’t documented it didn’t happen” is all too often the deciding factor in assigning liability. Procedures and related documentation should address:

- Physician orders
- Care plans
- Verification that care plans were discussed with the patient, family and caregiver
- Any physical hazards
- Observations made at visits regarding changes in the patients physical condition or psychological state. Document notifications to the physician and/or family
- Anything that interrupts or prevents the ability to provide services contracted for. This could include hazards around the home, threats from family members, dangerous animals, or patient refusal to accept services.
- Any situation where there was an injury or suspected injury to the patient, your employee or anyone else

SUPERVISION

The organization should have specific practices in place to routinely evaluate both customer satisfaction and employee potential for patient abuse and injury to themselves or others. In addition to scheduled performance evaluations against established criteria, another approach is to periodically contact the client and their family members. What you discuss should be recorded.
ACCIDENT AND INCIDENT INVESTIGATION AND ANALYSIS

As the saying goes “fool me once, shame on you, fool me twice, shame on me.” While we do everything reasonable to prevent incidents and injuries, they can happen, and we have to be prepared to minimize the extent of the loss. If we do not learn from the occurrence, or patterns of loss, and use lessons learned to prevent future problems, there is a likelihood that we will repeat the loss, and subsequent events often end up being worse than the initial event. In the case of liability claims, a pattern of failing to identify and correct ongoing problems can play a key role in the extent of a court award or judgment.

Incident reporting -

Regardless of the type of event – patient injury, employee injury or vehicle collision, the accident or incident investigation and analysis needs to incorporate the following:

Demographics + Analysis = Corrective Action

Demographics

Who was involved and were there witnesses – obtain names and contact information
When did it occur
Where did it occur – be specific

Analysis

Analysis is the “why” of the equation. This is also the most difficult part and why many accident or incident analysis efforts are ineffective, and sometimes ignored.

The most frequent weaknesses of analysis efforts are –

- **A focus on finding blame.** In many organizations, analysis begins with the premise that someone did something stupid and they need to be punished or receive remedial training. The focus needs to be on accepting that there was an underlying management control deficiency responsible. The deficiency may very well be that the company hired the wrong person or that the employee was inadequately trained, or there was an undetected hazard, but ultimately, everything the company or its employees are exposed to is under the control of the company.

- **Not to extend the effort.** Accident or incident reports with conclusions such as “unavoidable” “employee was stupid” “should have been more careful” “should have known better” are lazy and unproductive. These types of conclusions don’t lead to corrective action, but may result in finger pointing. Getting to the heart of what truly caused the loss to occur can be a difficult process, but truly eliminating a source of injury and/or dollar loss is worth the investment.

An often unrecognized benefit of conducting detailed analysis is that while solving one problem, it is often possible to uncover a fundamental management control deficiency that may be responsible for the occurrence of other accidents or the existence of potential sources of injury or property damage.

Why do companies fail to do thorough analysis?

Often, when it is time to complete the paperwork, the initial damage is done and people want to move on to other priorities. Responsibility for the analysis may be dropped on someone without authority for completion. If there is a history of that persons recommendations being ignored, it is a guarantee of an ineffective investigation.
How do you approach the analysis?

Companies should have protocols as to which incidents and accidents are investigated and the extent of the investigation. In the healthcare arena, companies often establish incident review boards, peer groups or committees that may be accountable for investigating any serious incident which has occurred, putting the organization at risk for substantial financial loss. This may include any patient incident involving an injury, employee injuries requiring time away from work or collisions where injury and/or property damage occurred. In other organizations, all incidents may first be reviewed by an individual, such as a risk manager, human resources professional or the owner. Regardless of who investigates the incident, the basic process should consider the following.

People – Without looking to place blame, consider factors related to the person or persons involved

- For a patient – were there characteristics about the patient or something they did that contributed to the incident? Did we already know about this? If not, should we have known about this? Did we take proper steps to control against the problem? Does this need to be included in the patient’s care plan?
- For an injured employee – were they qualified to do the work? Should they have been doing the job based on the ability to functionally perform the task safely? Did they understand what they needed to do? Was this particular task something not normally performed?
- For an “at fault” collision – Could they have taken action to avoid the collision? Were they legally qualified to drive? Did they understand company policies? Have they acknowledged the company driver policy?

Equipment – Equipment refers to the things that were involved in the incident, such as transfer equipment, beds and vehicles

- Was the equipment used appropriate for the task? For a patient transfer device, was it designed for the patient?
- Was it used for the purpose intended and was it used correctly?
- Did it work as designed? Was the equipment in good working condition?

Materials – Materials are elements introduced into the environment

- “Materials” in the world of home healthcare include patients and everything to do with them. Was there something about the patient that increased the risk or contributed to the incident? Did they do something unexpected? Should we have known about it? Was there a change in condition that we did not identify?
- Where there chemicals, drugs or other substances involved? Did we understand the hazards and provide sufficient protective measures and training?
- Did materials or people traveling in a vehicle involved in a collision contribute to the crash?

Environment – Basically, the world we live and work in

- Did weather have a role to play? Could we have protected against or prevented the loss by taking appropriate measures?
- Were there conditions in or around the home that caused or contributed to the incident?
- Were people or animals involved?

Corrective Action

After identifying the causal factors, take a look at how they influenced the incident and determine what changes could be taken or implemented to prevent a similar situation from occurring in the future. As noted in “General Principals of Risk Management” above, solutions need to be prioritized as:
1. Transfer or eliminate the risk

2. Engineer the problem out – add or replace transfer equipment, add a handrail

3. Take administrative action – training, new procedures

**Follow-up**

Clear responsibility needs to be assigned for making corrections, by a specified date, and reporting when completed.
KEY LOSS TYPES

PATIENT TRANSFERS

Nursing is one of the most dangerous occupations in the United States. As with home healthcare, the most significant contributor to the overall danger is patient transfer activity. Research in biomechanics confirms the high levels of traumatic and chronic stress placed on the body during these transfers. Based on recommendations from leading researchers and think tanks, hospitals and nursing homes are moving to “zero lift” policies. Unfortunately, that luxury does not generally exist in home healthcare.

When examining national loss experience with home healthcare, it is interesting to note that, while injury rates are high in workers compensation, they are significantly less than in related industries.

<table>
<thead>
<tr>
<th>Injury Rates</th>
<th>Injury rate</th>
<th>Rate of injuries requiring lost time</th>
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<tr>
<td>Home Healthcare</td>
<td>3.8</td>
<td>1.4</td>
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<td>Community care for the elderly</td>
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<td>Nursing and residential care</td>
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<tr>
<td><strong>Heavy Construction</strong></td>
<td><strong>8.7</strong></td>
<td><strong>3.2</strong></td>
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Rates stated are per 100 full time workers


Home care workers often work alone in environments they do not control. Patient transfer tasks may be complicated by confines spaces and inaccessible or difficult to negotiate areas of the home. Workers are likely to encounter situations where there are no mechanical transfer devices and patients may prefer to use their own beds rather than powered and/or adjustable hospital beds. Physical handling required to assist in daily activities of living may be frequent, requiring a wide variety of postures. Patient sizes are increasing and a higher percentage of the population is electing to or being forced to stay in the home. Patients may be instable, combative, agitated or confused.

The overwhelming majority of home care workers are female, and the population of workers in this field is aging. Workers may also be unaware of opportunities to access and the availability of mechanical transfer devices. In some areas and companies, many workers, and even employers, in the profession follow the philosophy of “we transfer patients this way because that’s the way it’s always been done.”

In addition to patient transfers, the home care worker may assist with other activities of daily living, such as cooking, cleaning, shopping and laundry. These activities can contribute to cumulative physical stress and in some cases, may be more hazardous than patient handling.

PREVENTION AND CONTROL

Risk Transfer:

If an organization is willing to accept the risk of transferring patients, there need to be parameters established as to who will be transferred and under what circumstances. Are there patients with specific physical or cognitive limitations or disabilities that the organization does not wish to transfer? What does “transfer mean?” Specific transfer specifications should be carefully outlined in the patient care plan. Are transfers considered things such as to/from beds, wheelchairs, bathtubs, automobiles?
Engineering:

Engineering involves the use of equipment to reduce the risk of injury to the patient or the employee from primarily lifting and handling or trips and falls. Some of the more common engineering controls in the field of home healthcare include:

**Mechanical Lifts** – Mechanical lifts take many forms dependent on the patient and circumstances of the transfer. These include full body lifts, lifts to assist in transferring the patient who has some mobility and ambulation lifts help to support the patient while walking.

**Trapeze bars** - A trapeze bar allows the patient to grasp and position themselves in bed or to help when they are being transferred.

**Gait belts** – are the most frequently used patient transfer tool in the industry. In its most basic form, the belt is a towel wrapped around the patient’s waist. More commonly, these are made of canvas. Transfer belts are wider and have handles on each side for better control.

**Slip sheets or transfer sheets** – can be thin, plastic boards or heavy cotton linens placed under the patient to slide them horizontally or to help in positioning in beds or chair.

**Pivot discs** – many injuries suffered by nursing, CNAs and other healthcare personnel are injuries to the knees while transferring patients from beds to/from wheelchairs and wheelchairs to/from toilets. When shoes and floor surfaces combine to limit the ability to pivot, significant stress can be placed on the knees. The pivot disk, placed at the point of transfer, permits easy pivoting and reduces stress on the back.

Of all the engineering controls listed, none except the full body mechanical lift eliminates physical stress. Other than the full body lift, any patient transfer task places the homecare worker at risk from either a traumatic injury, or injury as a result of cumulative injury over time.

Administrative:

Administrative controls chip around the edges in reducing the potential for injury while transferring patients. These types of controls include training, hiring and selection, and procedures. The most effective administrative control is conducting a patient assessment, identifying transfer risks and

**SLIPS TRIPS AND FALLS**

Slips, trips and falls are the second leading cause of injury to home care workers. They happen when walking to the patients home, when negotiating through the home and most frequently while providing assistance to the patient.

Prevention and Control:

Because the home care worker does not control the environment they work in, it is often difficult to “engineer out” the potential sources of injury. As with patient transfers, there are measures that can significantly reduce the potential for injury.

- Home assessments can be helpful in identifying slip, trip and fall hazards for the prospective new customer. Identification of hazards and requirements to make corrections before accepting the patient as a client are not necessarily the easiest solution, but are the best answer. These assessments are necessary at least informally at every visit.

- Proper slip resistive footwear goes a long way in preventing slips and falls on wet and snowy surfaces. In heavy snow or where ice is present, consider ice cleats for shoes and keeping small amounts of sand in the car. Keep floors clean and dry.

Look specifically for:

- Large cracks or holes in the walkway
During winter months, are the walkways cleared? This needs to be a requirement in the contract and there needs to be a plan for dealing with the situation if it is not (refuse to do the work, carry equipment and materials to deal with the situation or arrange for another party to clear the way).

Steps and stairs need to be sound and sturdy. Watch especially for railings. Are they firmly anchored and secure?

Ponding water can create serious accumulations of ice. Do workers need to walk in areas where this occurs?

If services will be provided during hours of darkness, is lighting adequate from where they park to the doorway?
INFECTION

According to the World Health Organization, approximately 6% of healthcare workers experience a potential exposure to infectious disease annually. These include almost 400,000 sharps injuries annually to hospital based personnel alone in the U.S. (CDC) Any use of needles, scalpels, scissors or handling bodily fluids exposes workers to over 20 types of pathogens, including hepatitis B&C and HIV. While some contagions present a higher risk than others for transmission (up to 10% for HCV from a single needle stick,) any exposure carries a risk. For some injectibles, the medicine itself can be hazardous to the healthcare worker if they inadvertently inject themselves. In home care, even where injections are not given by the worker or other activities exposing the worker to bodily fluids, there may still be exposure from patient administered drugs and when disposing of trash, handling laundry, soiled patient care equipment and other sources.

Sharps

- Safety equipped injection devices, training and education, alternative ways of administering medication
- Educate employees about the dangers of potential punctures and blood borne pathogens, how to prevent them, reporting when they occur and describing what happens after an exposure
- Vaccinate employees against threats they are exposed to, such as hepatitis B (HBV)
- Establish and use sharps safe handling and disposal protocols, following CDC “One and Only Campaign”

Infection Control

- Early detection of medical conditions that are hazardous and contagious during the patient assessment
- Follow universal precautions for every patient. As outlined by the CDC, treat all blood, bodily fluids, secretions, excretions (except sweat,) non-intact skin and mucous membranes as if they contain infectious agents.
- Use appropriate personal protective equipment such as gloves and masks, gowns, eye protection depending on the exposure, and rigidly follow hand hygiene practices.
- Vaccinate employees against influenza
- Soiled patient care equipment – wear gloves if visibly contaminated and follow proper hand hygiene practices
- Laundry – handle to prevent the transfer of any microorganisms to others and the environment
- Patient resuscitation – use a ventilation device to prevent contact with oral secretions
- Coughing and sneezing – instruct employees to cover their mouth, dispose of tissues in a no-touch container, wash hands, maintain a 3’ or greater separation, wear a mask if tolerated.
VIOLENCE

Home healthcare workers face the potential for violence ranging from verbal and psychological intimidation to physical violence and assault. In addition to facing many of the same risks encountered in any healthcare setting, workers may find themselves alone, often at night, in high risk or high crime areas and in the presence of animals, guns and family members. Family members with a history of violence, under the influence of drugs or alcohol or diagnosed with a mental illness increase the danger to the home care worker. Unlike the hospital, the home care agency does not control the environment.

Patient care can also be affected where the fear of violence causes the home care worker to limit visit duration or to cancel appointments.

Prevention and Control:

- Training and education about the risk of violence, identification and response to agitation, disruptive and aggressive behavior and conflict de-escalation techniques
- Patient, family member and home assessment
- Clear policies and procedures for handling threats
- Personal alarms, cell phones, escorts

LIABILITY

Home healthcare workers, and their employers, are uniquely exposed to potentially significant liability risks associated with working unsupervised in a patient’s home. While in that environment, anything that happens to the patient or their property can potentially be viewed as under the care, custody and control of the HHC agency. Incidents can translate into claims of sufficient magnitude to put the organization at financial risk.

Patient Falls

The most frequent type of situation resulting in claims involves patient falls. Those that usually occur that result in claims are most often associated with patient transfers, and can occur when providing professional medical services or when attending to activities of daily living.

- To and from beds
- Transfer to/from toilet or bath tub
- Assisting the patient with walking
- Falls from wheelchairs
- Falls when getting in and out of automobiles

Beyond physical and mental impairments or other patient characteristics, HHC workers often have to contend with tight confines, trip and fall hazards, poor lighting, animals, family members, poor or deferred maintenance and other conditions that increase physical risk.

One of every three older adults falls one or more times each year. Fall-related injuries are the leading cause of injury, death and disabilities in adults over 65, the most serious injury being hip fracture. Half of older adults hospitalized for hip fracture never regain their former level of function, and nationwide only 50% of older adults hospitalized for hip fracture are able to return home or live independently after the injury.
The American Geriatric Society's Guidelines for Prevention in Older Adults advises "providers across diverse settings need to screen individuals for risk using generic criteria at multiple points of access," "adding "all people identified at risk should be offered a multi-factorial assessment and tailored interventions.

Ethical Issues

Home health care nurses are often faced with disturbing ethical issues; among them, illegal activities going on in the home. Nurses may be confronted with illegal drug dealing or consumption. Nursing staff are conflicted as to whether to report this to the police for fear of retaliation or, if unable to return to the home and the patient, the patient's health may be endangered or compromised.

Gender and Race Issues

Sexual harassment has been reported by both sexes while on the job. Young female nurses report being particularly vulnerable be it by male patients or family members. Men also reported being harassed by patients.

Racial issues, where staff of a particular race went into neighborhoods or a home of a different race, increased staff fears and perceptions of risk.

Nursing and professional care services

Some of the most expensive claims relate to situations where medical care services are not provided as provided in physician instructions and care plans. These types of claims are typically associated with:

- Failing to notice a new infection
- Failing to perform contracted services
- Not identifying fundamental changes in the patient’s condition

Theft and damage to patient property

Theft and damage to patient property, including access to personal health and other confidential information can be a serious problem. Criminal background checks on all employees needs to be mandatory. Be sure to understand the laws of your state and how they apply. In general, you should be able to deny employment to any prospective employee with a felony conviction or a felony or misdemeanor related to physical abuse or assault, theft or fraud. Develop specific policies on what employees are or are not allowed to do regarding patient finances, purchases or anything related to personal records. Employees should not be allowed to use a caregiver or patient credit card under any circumstances, and any other access or use of funds to purchase personal items for the patient should be specified in the contract with the patient or their caregiver. Another area to watch for is theft of telephone services. Consider blocking international calls.

Damage to furniture and potentially the HHC worker and patient, can occur when handling cleaning chemicals. Avoid bleached based solvents. Candles cause fires. Avoid fires of any kind if at all possible. Turn down the water heater to medium heat.

Advertising liability

In a difficult competitive environment, organizations are often under pressure to differentiate themselves from others. Unfortunately, differentiation by overstating capabilities or quality of services can result in significantly higher levels of liability. Watch for overstating promises and guarantees that generate unrealistic patient expectations, have legal counsel review all marketing material.
Checklist of liability practices and controls

With regard to liability, regardless of the size of the organization, there are recommended best practices that need to be put in place and followed:

- Quality assurance requirements and measurements conforming to state licensing requirements, certifications and accepted professional standards and practices
- Policy and procedure manual for daily operations, and for handling complaints and incidents
- Management of confidential employee and client information
- Infection control policy, including TB screening
- Written job descriptions that clearly define duties
- Criminal background and sex offender registry checks
- Validation of personal auto insurance and checks on driving records if employees operate their own vehicles
- Employee selection that includes a competency assessment, and verification of references and credentials
- Procedures for documenting and handling complaints from patients and patient family members
- Requirement for and use of written service and care plans for each client
- Continuing education covering client rights, compliance, infection control and ethics
DRIVING

In any situation where someone drives on behalf of a company there is an exposure for that company. Regardless of whose car they are driving, when and in some cases, for what purpose. Over the past several years, companies are facing charges of vicarious liability or “negligent entrustment” when the employed driver causes a collision and the employer did nothing to verify that the employee was qualified to drive.

Some Home Healthcare agencies do not compensate home care workers during transit between patient appointments. Even where the vehicle belongs to the employee and they are driving without compensation, the employer may still be liable for their actions. In addition to potential suits for vicarious liability, there may also be an exposure to workers compensation claims should the employee be involved in a collision. Specific rules regarding what does or does not qualify as being in the course and scope of employment vary by individual state, but the majority will allow coverage if traveling directly from one appointment to the next.

If a company requires any driving for business purposes, it needs to have a written driving policy. This is particularly important when the employee transports patients to appointments, shopping or other functions, and even where they run errands on behalf of a patient or the company. The policy may not need to be extensive, but needs to clearly cover company expectations.

- Anyone driving a vehicle on company business must obtain authorization to do so.
- When an employee drives a vehicle on company business, the company has a right to check motor vehicle records. By signing the acknowledgement the employee authorized the employer to check.
- MVRs will be checked at least annually. This is a low cost investment that can pay huge dividends in preventing the employment of someone with a history of dangerous or reckless driving.
- State unacceptable driving records or when a review of privileges will be conducted (revoked or restricted, three tickets in three years, DUI/OWI convictions etc.)
- Insurance that the employee carries on their own vehicle will act as primary coverage for any collision. Require proof of insurance coverage if the employee will be driving his or her own vehicle. Check this every 6 months. Require that it at least meets minimal state requirements for coverage.
- Make sure your company carries Non-Owned auto coverage. This coverage applies over personal coverage and this additional coverage is often needed when the at-fault driver is on company business when the collision occurred. If they will be driving clients, consider requiring higher limits, or require they drive the client’s auto and ensure it has proper coverage.
- Consider inspecting the employee’s automobile to ensure it is safe. Again, the importance of doing so increases significantly when transporting patients.

For additional information, sample driving policies and driver training materials, please see www.phmic.com, Risk Management.
RESOURCES

Patient Care Ergonomics Resource Guide: Safe Patient Handling & Movement Department of Veterans Affairs. One of several references to studies and research conducted over the years into patient handling. Provides guidance on patient transfer equipment, handling algorithms. Available at http://www.va.gov/


American Nurses Association (ANA) Needle Safety http://www.needlestick.org

National Institute of Occupational Safety and Health (NIOSH) State of the Sector – Chemicals and Other Hazardous Exposures www.cdc.gov

CDC – Healthcare-Associated Infections (HAIs) http://www.cdc.gov/hai/


World At Work Compensation education, resources, benefits and work-life training www.worldatwork.org


For addition information, visit www.phmic.com, or contact us at loss.control@phmic.com or by calling 515-395-7229